Santa Barbara County
PUBLIC Health
DEPARTMENT

Environmental Health Services
225 Camino Del Remedio, Santa Barbara, CA. 93110 Tele.: (805)681-4900
2125 S. Centerpointe Pkwy., #333 ◆ Santa Maria, CA 93455-1340 Tele.: (805) 346-8460

AFFIDAVIT FOR A VETERAN'S FEE EXEMPTION FOR THE HEALTH PERMIT TO OPERATE A FOOD BUSINESS

This exemption is in accordance with Section 16102, Business and Professions Code, which allows every Soldier, Sailor or Marine of the United States, who has received an honorable discharge or a release from activity duty under honorable conditions from service, to hawk, peddle and vend any goods, wares or merchandise owned by him/her, (except: spirituous, malt, vinous or other intoxicating liquor) without payment of any license, tax or fee whatsoever, whether municipal, County or State.

1. Business Name: _____
2. Business Location: _____
3. Mailing Address: _____
4. Permit Number: _____ Phone Number: (_____) _____ - _____
5. Business Owner (Veteran): _____
6. Owner's Home Address: _____
7. Business Description: Describe kinds of food sold and type of facility sold from. _____
   _____
   _____
8. Business Arrangements With Others: Describe ownership of products and how paid; franchises, consignment, commissions, number of employees. _____
   _____
   _____
   _____
9. Source of Food Supplies: Name and location of suppliers. _____
   _____
   _____
10. Proof of Ownership of Business: Submit copies.

    Bus. Lease (_____) Bus. License (_____) Brd of Equal. (_____)
11. Verification of Owner / Veteran Identity:

    Drivers License: _____ State: _____ Class: _____ Expiration Date: ___ / ___ / ____Birth Date: ___ / ___ / ___
12. Veteran's Service: USA _____ USN _____ USMC _____ USAF _____ USCG _____ USPHS _____
13. Service Documentation: Attach a copy of Honorable Discharge or other evidence of honorable release from U.S. Armed Service.

I DECLARE AND CERTIFY UNDER PENALITY OF PERJURY, BY LAW OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT.

_____ _____
(Signature) **(Date)**

********** FOR DEPARTMENT USE ONLY ***********

☐ **Approved** ☐ **Disapproved** **By:** _____ **Date:** _____
(Supervising E.H.S.)

EHS 16-2 (Rev. 3/02)